IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: MOSTAFAZADEH	Attorney Docket No.: NSC1P194D1/P04836D1
Application No.: 10/625,917	Examiner: Rose, Kiesha L.
Filed: July 23, 2003	Group: 2822
Title: CHIP SCALE PIN ARRAY	Confirmation No.: 9491

CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this correspondence is being transmitted by facsimile to fax number 703-872-9306 to the U.S. Patent and Trademark Office on November 22, 2004.

Signed: _Laura M. Dean_
Laura M. Dean

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	21	MINUS	20	1	x 9 =	x 18 = 18.00
Independent Claims	4	MINUS	3	1	x 44 =	x 88 = 88.00
Multiple Dependent Claim Present and Fee Not Previously Paid					$150.00	$300.00
				Total	$	$106.00

☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.

☒ Please charge the required fees of $106.00 for additional claims, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. NSC1P194D1).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP

James W. Rose
Reg. No. 34,239

12/06/2004 PBRITTON 00000003 500388 10625917
—01 FC:1201 88.00 DA
02 FC:1202 18.00 DA

P.O. Box 778
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PATENT APPLICATION FEE DETERMINATION RECORD	Application or Docket Number
PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003	*UCS1P194D1*

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	15	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20=	*
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	750

CLAIMS AS AMENDED - PART II

11/22/0~

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 21	Minus	** 20	= 1
Independent	* 4	Minus	*** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	18
X42=		OR	X84=	88
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	106

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.